

License Number _____

License Issued _____

License Fee \$ 50.00

Receipt # 106319

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

To the Honorable Mayor, Common Council, City Clerk, Director of Public Works, Traffic Engineer, and Chief of Police of the City of La Crosse:

The undersigned hereby makes application for a Horse-Drawn Vehicle License.

BUSINESS NAME	Cannon Valley Percherons and Carriages
BUSINESS ADDRESS	9021 Maverick Ave, Cashton, WI 54619
BUSINESS TELEPHONE	608-269-9036
OWNER(S) NAME	Lori A. Volden
OWNER(S) DATE OF BIRTH	31 July 1971
OWNER(S) ADDRESS	9021 Maverick Ave, Cashton, WI 54619
OWNER(S) HOME TELEPHONE	608-269-9036

- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [] NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE(5) YEARS? [] YES [] NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary)

INSURANCE CARRIER	West Bent Mutual
POLICY NUMBER	NST1876440
POLICY LIMITS	\$2,000,000

ATTACH A CERTIFICATE OF INSURANCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS, AND DURATION OF THE POLICY. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE.

METHOD OF CHARGING	Metered Rates _____ Zone Rates _____ Vehicle Rental Rate <input checked="" type="checkbox"/>
SCHEDULE OF RATES	\$200 per hour
NUMBER OF VEHICLES TO BE LICENSED	one

<ul style="list-style-type: none"> • number of persons each vehicle is designed to carry • lights and safety equipment which will be used • procedures to be taken for assuring that public right-of-way will be kept clean of fecal matter 	DESCRIPTION OF VEHICLES, including 405 CITY CLERK/LICENSES 6319 PG306411397 001 130603 6/03/13 9:48AM PAID 50.00
	White Vis-a-Vis (face to face) carriage, to carry 4 people, with battery operated lights and brakes. Vehicle #1 Horse Harness is equipped with manure catcher.
	Vehicle #2 Vehicle #3

ATTACH A CURRENT (within a six-month period) VETERINARY CERTIFICATE FOR EACH HORSE CERTIFYING THAT THE ANIMAL IS IN GOOD HEALTH, FREE FROM INFECTIOUS DISEASE, AND IS FIT FOR HORSE-DRAWN VEHICLE SERVICE.

I hereby certify that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that the above-described vehicle(s) will be kept in a clean and sanitary condition and proper repair and maintenance and will further comply with the provisions of the Municipal Code pertaining to the Horse-Drawn Vehicle license.

SIGNATURE OF APPLICANT Lori A. Volden DATE 31 May 2013
 LICENSE [] APPROVED [] DENIED
 SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____



COURTESY COPY

Department of Agriculture, Trade and Consumer Protection
 Division of Animal Health
 P.O. Box 8911, Madison, WI 53708-8911
 Phone: 608-224-4872 Fax: 608-224-4871

**WISCONSIN INTRASTATE
 CERTIFICATE OF VETERINARY INSPECTION
 (Not for Cervid Movement)
 Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.**

PLEASE PRINT LEGIBLY

<p align="center">HERD STATUS</p> <p>Check One: <input type="checkbox"/> Accredited TB Herd <input type="checkbox"/> Qualified TB Herd <input type="checkbox"/> Cervidae CWD Status <input type="checkbox"/> Brucellosis Certified Herd</p> <p>Herd Number: _____ Date: _____</p>	<p align="center">RECONSIGNEE AT PUBLIC SALE</p> <p>Date: _____ Premises registration number: _____ Re-consignee name: _____ Re-consignee address: _____</p>	<p align="center">SHIPMENT</p> <p>Date of shipment: <u>ALL SUMMER - 2013</u> Number of animals in shipment: <u>1</u></p>
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SPECIES: Cattle Horses Goats Cervidae Swine Poultry Sheep Other: _____

ORIGIN OF SHIPMENT: Farm Dealer Market / Name: _____ **PURPOSE OF MOVEMENT:** Breeding Feeding Sale Exhibition Other: PUBLIC Transport

OWNER OR CONSIGNOR <u>LORI VOLDRU</u>	PHONE NUMBER <u>(608) 269 4036</u>	CONSIGNEE <u>CITY OF LACROSSE</u>	PHONE NUMBER ()
ORIGIN STREET ADDRESS <u>9021 MAURICE</u>	PREMISES REGISTRATION NUMBER	DESTINATION STREET ADDRESS <u>ALL DOWNTOWN SPARTAS</u>	PREMISES REGISTRATION NUMBER
ORIGIN CITY / STATE / ZIP <u>CASHOT, WI 54619</u>		DESTINATION CITY / STATE / ZIP <u>LACROSSE, WI 54602</u>	
OWNER MAILING ADDRESS / CITY / STATE / ZIP (if different than above)		DESTINATION MAILING ADDRESS / CITY / STATE / ZIP (if different than above)	

	OFFICIAL IDENTIFICATION	LABORATORY				TUBERCULOSIS INDIVIDUAL ANIMAL TEST	BRUCELLOSIS TYPE OF TEST:	EIA		OTHER TEST	
		<input checked="" type="checkbox"/> WVDL Madison	<input type="checkbox"/> Barron	<input type="checkbox"/> Other:	DATE BLED			TEST RESULT	DATE BLED	TEST RESULT	
	USDA eartag, Registration number, Breed tattoo, RFID	BREED	SEX	AGE	OCV TATTOO	DATE INJECTED	TEST RESULT	DATE BLED	TEST RESULT	DATE BLED	TEST RESULT
1	<u>TEXAS IRON LADY</u>	<u>PERCH</u>	<u>F</u>	<u>17</u>				<u>5-21-13</u>	<u>-</u>		
2											
3											
4											
5											
6											
7											
8											
9											
10											

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	Accredited / Licensed Veterinarian Signature <u>[Signature]</u>	Veterinarian's License Number <u>026672</u>	Phone Number <u>(608) 269 2002</u>	Date Inspected <u>5-21-13</u>
Owner / Agent Signature <u>[Signature]</u>	Veterinarian's Printed Name <u>LEE EDMISTAN</u>	Address <u>1701 W. WISC. ST. SPARTA, WI 54652</u>		Date Certificate Issued

Personal information you provide may be used for purposes other than that for which it was originally collected - sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer



INSURANCE BINDER

DATE (MM/DD/YYYY)
5/23/2013 9:15 AM**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY
Coverra Insurance Services
 PO Box 253
 535 Industrial Drive
 Sparta, WI 54656

PHONE (A/C, No, Ext): **(608) 269-2127** FAX (A/C, No): **(608) 269-2130**
 CODE: **48-821** SUB CODE:
 AGENCY CUSTOMER ID: **CANNVAL-01**
 INSURED

Cannon Valley Percheruns & Carriages, Lori Volden dba
9021 Maverick Ave
Cashton, WI 54619

COMPANY **West Bend Mutual** BINDER # **378**

DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME
5/22/2013	12:01 AM	<input checked="" type="checkbox"/> AM	5/22/2014		<input checked="" type="checkbox"/> 12:01 AM
		<input type="checkbox"/> PM			<input type="checkbox"/> NOON

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # **NST1876440**

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
9021 Maverick Ave, Cashton, WI 54619

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Carriage Rides			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
VEHICLE LIABILITY	RETRO DATE FOR CLAIMS MADE:			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
VEHICLE PHYSICAL DAMAGE COLLISION: _____ OTHER THAN COL: _____	DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE STATED AMOUNT \$
GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS / OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS

MORTGAGEE ADDITIONAL INSURED
 LOSS PAYEE
 LOAN # _____

AUTHORIZED REPRESENTATIVE *Ron Andre*

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.